Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ELITE HEALTHCARE NORTH DALLAS
PO BOX 1210
FRISCO TEXAS 75034

Respondent Name
TPS JOINT SELF INS FUNDS

Carrier's Austin Representative
Box Number 11

MFDR Tracking Number
M4-13-2475-01

MFDR Date Received
May 28, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Date of service 6/15/12 was denied, *yet they paid the **SAME EXACT CODE** on 5/25/12, 7/6/12, and 8/10/12.* I have attached EOB's from those dates showing payments. Date 6/19/12 was **PREAUTHORIZED** physical therapy, and *all other dates under the **same preauthorization number** were paid in full.* Date 8/1/12 and 8/14/12 were also preauthorized, and *dates 8/6/12, 8/7/12, 8/8/12, and 8/10/12 were all paid in full under the same exact preauthorization number.* This is contracting and inconsistent! Per RULE 134.600, the carrier shall not withdraw preauthorization once issued. I have attached all necessary documentation."

Amount in Dispute: $312.04

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Based on the submitted documentation a recommendation is being made for CPT code 97002 for date of service 6/19/12 and 97140 for date of service 8/1/12 in the amount of $153.78. Recommendation and payment was processed for date of service 8/14/12 on CPT 97140 on 9/5/12 Check number 96813. In review we are standing on our denial for date of service 6/19/12 for exceeding Pre Authorization of services. Per [sic] Authorization number 47398 CPT codes 97110, 97112 and 97140 were allowed for 12 Sessions of Initial Post Op Lumbar Physical Therapy at 3 times a week for 4 weeks not to exceed 4 units per session. The provider billed for date of service 6/19/12 with two units of 97112, four units of 97110 and two units of 97140 a total of 8 units resulting in an excess of two units per session authorized."

Response Submitted by: Injury Management Organization

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 15, 2012, June 19, 2012, August 1, 2012 and August 14, 2012	97002, 97112 and 97140	$312.04	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - ANSI198 – Precertification/authorization exceeded
   - 148 – This procedure on this date was previously reviewed
   - ANSI18 – Duplicate claim/service
   - ANSI197 – Precertification/authorization absent
   - ANSI193 – Original payment decision is being maintained. This claim was processed properly the first time

Issues

1. Did the insurance carrier submit documentation to support that payment was issued for dates of service June 14, 2012, August 1, 2012 and August 14, 2012?
2. Did the requestor submit a copy of the preauthorization letter?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications: For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of $50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the $51.90 (with the exception of surgery) Division conversion factor in 2007."

   The requestor seeks additional reimbursement for the following:

   - Date of service, June 15, 2012; CPT code 97002, amount in dispute $66.32. The insurance carrier provided sufficient documentation in the form of an EOB to support that payment was issued for the disputed amount of $66.32, rendered on June 4, 2013. As a result, additional reimbursement is not recommended.
   - Date of service August 1, 2012; CPT code 97140, amount in dispute $83.76. The insurance carrier provided sufficient documentation in the form of an EOB to support that payment was issued for the disputed amount of $83.76, rendered on June 4, 2013. As a result, additional reimbursement is not recommended.
   - Date of service August 14, 2012; CPT code 97140, amount in dispute $57.80. The requestor billed 2 units of CPT code 97140 in the amount of $93.06. The insurance carrier provided sufficient documentation in the form of an EOB to support that payment was issued for two units of CPT code 97140 in the amount of $93.06. As a result, additional reimbursement is not recommended.

2. Per 28 Texas Administrative Code §134.600 (p) Non-emergency health care requiring preauthorization includes: (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to: (i) Modalities, both supervised and constant attendance; (ii) therapeutic procedures, excluding work hardening and work conditioning..."

   - CPT code 97112 is subject to the provisions of 28 Texas Administrative Code §134.600. The insurance carrier denied the 2 units of CPT code 97112 rendered on June 19, 2012 with ANSI denial reason "ANSI198 – Precertification/authorization exceeded." The requestor did not submit a copy of the preauthorization letter to support that the disputed CPT code 97112 was preauthorized. As a result, reimbursement cannot be recommended for the 2 units of CPT code 97112.

3. Review of the submitted documentation finds that the requestor is not entitled to additional reimbursement of the disputed services indicates above.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	August 30, 2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.